## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10824713

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN  |  |   |                 |                                       |                        |                                   |          |                    |                        |       |                           |                        |  |
|---|--|---|-----------------|---------------------------------------|------------------------|-----------------------------------|----------|--------------------|------------------------|-------|---------------------------|------------------------|--|
| (Column 1) (Column 2)   |  |   |                 |                                       |                        |                                   |          | TYPE               |                        |       | OTHER THAN R SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 36              |                                       |                        |                                   |          | RATE               | FEE                    | 7     | RATE                      | FEE                    |  |
| F(  | DR   |   | NUMBER FILED    |                                       | NUMBER EXTRA           |                                   |          | BASIC FE           | E 385.00               | OR    | BASIC FEE                 | 770.00                 |  |
| TO  | OTAL CHARGE                                    | ABLE CLAIMS                                 | 36 minus 20=    |                                       | • 16                   |                                   |          | X\$ 9=             |                        | OR    | X\$18=                    | 248                    |  |
| INDEPENDENT CLAIMS  |  |   |                 | // minus 3 = *                        |                        | . /                               |          | X43=               |                        | 7     | X86=                      | 41                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                 |                                       |                        |                                   |          | 745=               | -                      | OR    | ×00=                      | 86                     |  |
| * If the difference in column 1 is less than zero, enter  |  |   |                 |                                       | "O" in (               | column ?                          |          | +145=              |                        | OR    | +290=                     |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                                       |                        |                                   |          | TOTAL              | L                      | OR    | TOTAL                     | IHH                    |  |
| _   |  | (Column 1)                                  | MENDEL          | (Column 2) (Column 3)                 |                        |                                   |          | SMALL              | ENTITY                 | OR    | OTHER<br>SMALL            |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY             | PRESENT<br>EXTRA                  |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus           | **                                    |                        | =                                 |          | X\$ 9=             |                        | OR    | X\$18=                    |                        |  |
| AME   | Independent                                    | *   | Minus           | ***                                   |                        | =                                 |          | X43=               |                        | OR    | X86=                      |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                       |                        |                                   |          |                    |                        | 1     | +290=                     |                        |  |
|   |  |   |                 |                                       |                        |                                   |          |                    |                        | OR    | TOTAL                     |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                 |                                       |                        |                                   |          |                    |                        | JOR , | ADDIT. FEE                |                        |  |
| _   | <u> </u>                                       | CLAIMS                                      |                 | HIGHE                                 | ST                     | (00:01:11:0)                      | Г        |                    | ADDI-                  | ) F   |                           | 100                    |  |
| H B   |  | REMAINING<br>AFTER                          |                 | NUMBI<br>PREVIOL                      | _                      | PRESENT<br>EXTRA                  |          | RATE               | TIONAL                 | ] }   | RATE                      | ADDI-<br>TIONAL        |  |
|   |  | AMENDMENT                                   |                 | PAID F                                |                        | CATHA                             | L        |                    | FEE                    |       | ,,,,,,                    | FEE                    |  |
| AMENDMENT   | Total  | *   | Minus           | **                                    |                        | =                                 |          | X\$ 9=             |                        | OR    | X\$18=                    |                        |  |
| AME   | Independent                                    | *   | Minus           | ###                                   |                        | =                                 | r        | X43=               |                        | OR    | X86=                      |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                       |                        |                                   | 上        |                    |                        |       |                           |                        |  |
|   |  |   |                 |                                       |                        |                                   |          | +145=              |                        | OR    | +290=                     |                        |  |
|   |  |   |                 |                                       |                        |                                   |          | TOTAL<br>DDIT, FEE |                        | OR A  | TOTAL<br>DDIT. FEE        |                        |  |
|   |  | (Column 1)                                  |                 |                                       |                        |                                   |          |                    | •                      |       |                           |                        |  |
| ENIC  |  | CLAIMS .<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY               | PRESENT EXTRA                     |          | RATE               | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMEN  | Total  | *   | Minus           | **                                    |                        | = .                               |          | X\$ 9=             | , L.L                  | OR    | X\$18=                    | -                      |  |
| ME  | Independent                                    |   | Minus           | ***                                   |                        | =                                 | $\vdash$ | X43=               |                        |       |                           |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                       |                        |                                   |          | A43≅               |                        | OR    | X86=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                 |                                       |                        |                                   |          |                    |                        |       | +290=                     |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                 |                                       |                        |                                   |          |                    |                        |       |                           |                        |  |
| T   | ne Highest Numl                                | nber Previously Paid<br>per Previously Paid | For (Total or I | SPACE is le<br>ndependent             | ess than<br>) is the h | 3, enter "3."<br>iighest number ( |          | _                  | ropriate box           |       |                           |                        |  |